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A Culturally Situated Perspective of Music Therapy in Hungary

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

by

Sylvia E. Földes-Berman, MT-BC

Molloy College

Rockville Centre, NY

2020

MOLLOY COLLEGE

A Culturally Situated Perspective of Music Therapy in Hungary

by

Sylvia E. Földes-Berman

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Thesis Committee:

Adenike Webb, PhD, MT-BC
Dr. Adenike Webb
Faculty Advisor

5/5/2020
Date

Alpha Woodward
Dr. Alpha Woodward
Committee Member

5/8/2020
Date

Suzanne Sorel
Dr. Suzanne Sorel
Director of Graduate Music Therapy

5/11/2020
Date

Copyright Page

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Abstract

Little to no research has been done on the history, development and current practice of a specific country's approach to music therapy. This study examines the development of music therapy in Hungary with regards to cultural influences, which the researcher has a unique understanding of as a first-generation Hungarian-American. Three Hungarian music therapists were invited to participate in qualitative interviews in Hungarian. After transcribing and translating the interviews, the data were analyzed using inductive thematic analysis in order to locate themes, patterns and viewpoints. Five themes and one sub-theme emerged. These themes included: *a) process of becoming a music therapist, with a sub-theme of (a1) music therapy as a secondary profession, (b) cultural influence on the application of music therapy methods, (c) lack of recognition and autonomy for Hungarian music therapists, (d) cultural understanding of therapy and (e) future outlook*. Findings indicate that Hungary's development of music therapy reflect a unique integration of foreign theoretical orientation with native music traditions. By gaining knowledge of how music therapy is practiced in different countries, the profession as a whole may benefit from learning about international cultural humility, sensitivity and history

Keywords: Hungarian music therapy, thematic analysis, Hungarian folk music, cultural perspectives

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I could not have completed this study without the HMTA. Thank you to Jozsef Nyiri-Nagy, the president of the HMTA for his inspiring international support, connections and cultural guidance throughout this study. I am also extremely grateful for the willingness and time of the three interviewees who participated in sharing their wealth of knowledge in this study.

As this study focused on the development of music therapy in Hungary and I am of Hungarian (Transylvanian) descent, I owe a great deal of my knowledge and cultural awareness to my ethnicity to my upbringing, especially my mother, father, grandmother and grandfather. I am also grateful for the St. Stephen R.C. Magyar Church, St. Stephen Hungarian School of Passaic, Garfield Hungarian Scout Association, Széchenyi István Hungarian School and Kindergarten, and my entire Hungarian community and mentors that taught me the culture, history, music and language of my heritage.

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A Culturally Situated Perspective of Music Therapy in Hungary

Many aspects of life – including social status, economic class, political beliefs, traditions, and spiritual beliefs – are embodied in culture. Every culture has unique set of values, constructs, and morals impacting each person of that culture. Understanding the impact of culture can influence how people, especially therapists and clients, interact in music therapy sessions through the choice of music and how the music is implemented. Since music therapy can be used with people of various cultural backgrounds, it is inherently multicultural (Mahoney, 2015). As music therapists, it is important to be aware of every client's culture. Fortunately, multicultural research has become more prevalent in the field of music therapy as the profession grows and reaches a myriad of peoples. However, to further enhance the music therapy field's understanding of culturally responsive practices, it is also beneficial to examine *how* a specific culture developed their practice of music therapy in conjunction with their nation's historical, musical and political influences. Thus, this study focuses on the history, development and current practice of music therapy specifically in Hungary, a nation abundant in Eastern European history, vibrant in culture, and rooted in distinctive traditional folk music.

The unique modality of Hungarian folk and gypsy music encompasses the essence of the Hungarian people. With driving rhythmic nuances and Eurasian melodic influences, folk music embodies community, historical hardship, festivities and folklore. Hungarian folk music is not only a staple part of the nation's history, but also represents a modern connection of Hungarian people to the historic, nomadic roots as a community. Hungarian composer and ethnomusicologist, Zoltán Kodály "believed that the folksong was a powerful means of expressing joy, anguish and vigour, and that singing such tunes helped gain a fuller experience of emotions and foster our ability to cope with them" (Forgács, 2008, para. 2). Given the unique

characteristics and uses of Hungarian music in everyday life, it would be beneficial to gain an understanding of how and if Hungarian musical culture led to the development and practice of music therapy in Hungary. Understanding a country's development of music therapy provides a lens for music therapists all over the world a new perspective about how cultural tendencies influence therapeutic presence, role of music, approaches and development.

Need for Study

A movement within American political, social and economic climate towards cultural responsiveness and competence calls for further exploration of different perspectives of countries, ethnicities and cultures. In addition, it is essential to have access to resources that inform cultural identities as music therapists seek to be more culturally and globally aware (Hicks, 2020). Every group of people has their own unique customs that is seen through sociopolitical glasses and attaining a clearer lens provides a better understanding of cultural differences (Bourrel, 2015). This study aimed to provide insight into how using culturally specific music and ideologies shaped the practice of music therapy in Hungary, serving as a new resource about musical diversity and practice of music therapy in Eastern Europe. The intent of this study is to add a new perspective to cultural responsiveness and humility in music therapy so that music therapists will have more information about different cultures to enhance their practice.

To the best knowledge of the researcher, there is little to no literature about how a specific culture developed and practices music therapy. As a field prominent in many musical cultures and countries, it may be beneficial for the international music therapy community to learn the history, development and practice of music therapy for nations other than their own. Swamy (2014) describes that “acknowledging the absolute, referential, universal and culturally specific aspects of musical meaning can provide the necessary framework and support for us to

take the next therapeutic steps” (p. 51). With the growth and awareness of music therapy as a profession, more nations are developing their own approaches to serve their people and culture.

Understanding the historical influence and current practice of different cultures are imperative within our field as more countries adapt to a myriad of music therapy methods, approaches and influences. This research study sought to provide music therapists an aspect of international education to become well-rounded professionals overall. This study employed an interpretivist thematic analysis to examine the development of Hungarian music therapy to better represent the cultural influences and tendencies in Eastern Europe.

Literature Review

This review of the literature includes a brief discussion on Hungarian music (e.g., history and functions), regions, musicologists and psychologists and how these factors influenced the development of music therapy in Hungary.

Hungarian Regions and Cultural Distinctions

The Hungarian people, or the Magyars, originate from a combination of Turkish-Mongolian and Finn-Ugrian traditions and peoples who emigrated to current day Hungary around the fourth century (Balassa, Ortutay & András, 1979). Hungary is divided into four geographical regions: Transdanubia, Upper Hungary, Great Plain and Transylvania.

Transdanubia in the west is comprised of lake and swampy regions, with some Germanic and Austrian influences that are present in traditional costumes and dialect. In Upper Hungary, the dialect spoken has Southern Slavic influence, as this hilly region shares a border with Slovakia. The Great Plain is the central and south area of Hungary, encompassing agriculture and animal husbandry as the land is suitable for farming. Lastly, Transylvania, which is located now in

present day Romania, was the most separate region of Hungary as it was physically divided by the Carpathian Mountains and thick forests from the rest of Hungary.

Overall, the folk culture of Hungarian language and music “is uniform in its basic structure and major characteristics, just as the dialects are not divided by differences that hinder comprehension” (Balassa et al., 1970, p. 34). Within each geographical region, there are pockets of sociocultural and ethnic groups dating back to the ancient tribes that migrated from Eurasia to settle present day Hungary. Each of these groups have unique traditional costumes, lifestyles and folklore based on environmental influences. However, despite the differences in geographical regions and lifestyles, the styles of dance and music are shared throughout the nation (Hooker, 2015), such as the verbunkos, csárdás, and nota, which will be discussed in depth in the following sections.

Historical Foundations of Hungarian Music

At the start of the eleventh century, the Magyars joined together as a nation and King Stephen the First of Hungary converted the nomadic nation to Christianity (Sinor, 2003). Prior to this turning point in Hungary’s history, the Magyars entered European history with a tribal constitution (Balassa et al., 1979). As King Stephen established Hungary in the Christian faith, so did Western Christian musical influences begin to appear in Hungary.

The first documented musical styles in Hungary, dated from 1223, are Gregorian chants and Latin hymns. At this point in history, sacred music was taught strictly in monastic, cathedral and collegiate settings; however, secular folk music also dates back to this time (Szabolcsi, 1964). Throughout the Middle Ages, Hungarian music developed most prominently through minstrel and sacred music, following Western Christianity influences. In the 16th and 17th centuries, Hungary was divided into three quarreling parts: Turkish rule, Hapsburg Rule, and

Transylvania, which remained independent and not under foreign rule (Szabolcsi, 1964). During this time of constant warring between the three ruling regions, early instrumental music, lyrical, choral pieces and dancing came into play secularly as people expressed qualms and laments about their fighting and quarreling nation through music. Unfortunately, very little written music has been salvaged from this era (Szabolcsi, 1964).

Sociocultural Contexts

It is important to understand the development of music therapy in Hungary in context of traditional folk music. To begin with, folk music is ingrained in the nomadic traditional culture of Hungary (Tári, 1998). However, the origin of Hungarian people, or Magyars, is not exactly known. Historians believe Magyars date back to Turkish-Mongolian and Asiatic cultures in combination with Finno-Ugrian language and traditions, making it a truly unique heritage and language in the middle of the Carpathian basin with Latin, Germanic and Slovak based surrounding countries (Balassa, Ortutay, & András, 1979). With this unique combination of peoples stemming from Western thought and Eastern Eurasian modalities, Hungary's music resembled this distinctive region. Gypsy music and traditional folk songs in Hungary are similar and related, at times used interchangeably (Korzenszky, 2015). Folk songs follow certain principles including repeated phrases a fifth lower; drones and dirges; punctual rhythms and meters; and melodic, rhythmic and ornamental idiosyncrasies. Many folk and Hungarian Gypsy songs are centered around the Hungarian minor scale, which follows the traditional Western harmonic minor scale, yet the 4th degree is sharp (McCarthy, 2009). With the influence of Eastern Eurasian modalities, the Hungarian minor scale is unique in that it has a slightly modified tonality than most Western scales.

Figure 1*C Hungarian Minor Scale*

The first documented use of instruments in Hungary in the 13th century is the bugle (kürt) and whistle pipe (síp), which played a role in the early Hungarian military. In addition, the shepherding lifestyle had a strong influence on the use of instruments, such as the “duda” (bagpipe), “furulya” (six holed flute), “kanásztülök” (swineherd’s horn), “fakürt” (wooden horn) and the “klarinét” (clarinet) (Tári, 1998). Throughout history these instruments have been used in music making, especially in creating melodies. Domokos and Paksa (2008) compared 153 18th century musical sources from Hungary to current melodies of Hungary. The authors found that 18th-century Hungarian folk music was the blueprint for 19th, 20th and 21st-century musical characteristics, providing musicologists a better understanding of the history of musical modes in Hungary and how they have been preserved through centuries to this day.

Functions of Music in Hungarian Culture

The main modal and harmonic structures of Hungarian music are the pentatonic and pentachord styles, which have been preserved in ancient Hungarian folk music in addition to the five-tone scale (Szabolcsi, 1964). When the Hapsburg Monarchy defeated the Turkish rule during the 18th and 19th centuries, Hungary’s national traditions began to be influenced by Western thought, including the introduction of Western music (Szabolcsi, 1964). The musical revolutions of

Vienna, Prague, Naples and Milan...with modern orchestras in charge of excellent conductors rehearsed new symphonic works and new operas. People no longer had time to listen to primitive music played during dinner time, to “matutinal songs” (*hajnal nóta*) and simple trumpet or virginal pieces. (Szabolcsi, 1964, p. 55)

Throughout the 19th and 20th centuries, Hungary’s people strived to gain independence from neighboring countries influence of socialism, foreign rule, and wars (Hooker, 2015). The turmoil of external forces and power on Hungary’s people was represented in the musical culture. Foreign opera and classical music symbolized wealth, affluence and upper echelons while Gypsy music and folk music represented the lower statutes of people. Aligning with opera symbolized support of foreign countries while aligning with folk and gypsy music symbolized a national identity reflecting Hungarian values and priorities. Essentially, during this musical and cultural turmoil, “the existence of their [Gypsy] music was formally denied” (Korzenszky, 2015, p. 47)

While the upper class of Hungary (many of whom were not originally of Hungarian descent) turned towards Western culture, influence and music, a revolution of instrumental folk music took precedence over lyrical music in the working classes. From this bloomed a musical movement of the “verbunkos.” The “verbunkos” became the “national style of Hungarian music in the 19th century” (Szabolcsi, 1964, p. 54) stemming from revolt against the Hapsburg Monarchy and suppression. With this new style of Hungarian National Romanticism music, the “verbunkos” was easily recognizable, characterized by

elements such as the cadence-pattern called ‘bokázó’ (‘clicking of heels’, a type of the medieval ‘cambiata’), the ‘Gipsy’ or ‘Hungarian scale’ using the interval of the augmented second, girlands of triplets, alternate ‘slow’ and ‘fresh’ tempi, widely arched,

free melodies without words ('hallgató') and fiery ('cifra') rhythm. (Szabolcsi, 1964, p. 56)

The "verbunkos" became popularized specifically by "Gypsy" or Romani bands, catering to the working class and peasant lifestyle. In addition, the use of "instrumental flexibility – a Western ability of form-building, sharply divided but widely arched melodic pattern, a striking and extensive set of rhythms – raised the new Hungarian music above other [old] Hungarian stylistic tendencies" (Szabolcsi, 1964, p. 56). The "Táncház" movement in the 1970s embellished the "verbunkos" and other dance music especially in the region of Transylvania. This movement was in response to suppression of traditional Hungarian music by the social regime in Transylvania, which was sanctioned to Romania after World War II. Hungarian people living in Transylvania, Romania would meet at each other's home to teach their youth traditional dances and music, such as the verbunkos, csárdás and nóta styles (Kroó, 1974). Typically, the instrumentation of a small ensemble would include a violinist/fiddle, a kontra (a three stringed viola), a double bass and a cimbalom. In present day Hungary, there are specific programs and schools that teach traditional folk music, and music education itself is a staple in Hungarian education (Neumann, 2006).

Hooker (2015) conducted a historical analysis of musical artifacts and radio recordings of Hungarian Gypsy bands. Gypsy bands are famous for playing folk songs in a rhythmic, syncopated pattern filled with melodic, pentatonic and chromatic embellishments (Hooker, 2015). It was found that although Gypsy bands that played traditional folk songs filled almost every restaurant in the countryside and city, there was a strong disconnect between Gypsy music and Hungarian high culture. Although Gypsy music was very popular, there was an "old patriarchal relationship between the Gypsies and the gentlemen merry-makers," especially during

the socialist regime in Hungary (Hooker, 2015, p. 121). Nationally, Hungary was torn. Gypsy music enhanced the stylistic qualities of the folk song in various settings, such as restaurants, streets, and community gatherings, and represented the music of the people. Moreover, it was during this time that Hungary's national opera was born in retaliation against foreign opera (Tiszai, 2015). Conversely, foreign opera represented the influence of other nations, such as Western stage music, and represented the aristocratic social class.

Modern Uses of Music in Hungary

In addition to having a strong foundation in classical and folk music, the current generation of Hungarians adopt modern music from all around the world. Some genres include jazz, electronic music, hardcore metal, indie, punk, and revamped traditional folk music which are celebrated through a variety of music festivals throughout the year in various parts of Hungary (Lovász, 2014). In addition, there is a current day movement of pop and electronically remastered traditional folk music in Hungary as a popular genre (Korzenszky, 2015). One of the most significant modern movements is the healing and sacred communication of Hungarian folk music. Lovász (2014) describes how she uses folk songs in a healing way as folk songs are sung on a daily basis in most Hungarian homes:

Folksongs, mostly laments, according to the universal function of poetry in general are tools of self-expression, self-reflection, a tool of expressing relation of the self to the world...folksongs are channels of human connection...and there is an obvious, natural healing power of human voice and singing in the traditional Hungarian culture (pp. 28-32).

It is with this philosophy that different uses of music have emerged in Hungary, supporting the need to further research the connection of Hungarian music to the development of music therapy

practice in the nation.

Prevalence of Hungarian Musicologists

In order to gain a better understanding of the influence of folk music on Hungarian daily life, operas, classical music, and music therapy, it is essential to examine Hungarian musicologists and composers. Franz Liszt, of Austrian-Hungarian descent, was an integral composer, musician and music philosopher of Hungary, especially in relation to Hungarian contemporary music and nationalism in the nineteenth century (Quinn, 2014). Embellishing regional dance music with new harmonic progressions, “Liszt leaves listeners little time to digest what has just happened before pulling them back to the right key at a breathtaking pace” (Loya, 2006, p. 432). Liszt combined high, foreign opera culture with Gypsy and folk music, bridging the gap between social statuses, encouraging Hungary to regain a musical identity which the Austro-Hungarian and Hapsburg empire suppressed. (Loya, 2006).

In the beginning of the 1900s, two prominent musicians, composers and ethnomusicologists, Béla Bartók and Zoltán Kodály, strayed from the influence of Romanticism and Western European music in order to unveil ancient Hungarian music. Bartók and Kodály found that

like a sunken continent or an unknown natural phenomenon, [Bartók and Kodály] discovered the oldest and clearest sources of folk music, and in them the hitherto unsuspected ancestral Eurasian inheritance, the oldest and most universal treasure of the Magyar people. The discovery of ancient Hungarian folk song was not only an artistic, but also a scientific achievement. (Szabolcsi, 1964, p. 91)

Bartók and Kodály’s influence were revolutionary during the mid-twentieth century. With these new foundations of Hungarian folk music right after the liberation of Hungary from German

forces in 1945, there was a new sense of nationalism. Hungarian independence and freedom began to unveil itself but did not become completely free from Communist rule until 1989 (Quinn, 2014).

In addition, Bartók salvaged and created a collection of Hungarian instrumental and vocal folk music by traveling across the country to provide essential knowledge to the development of Hungary's musical identity (Tári, 2006). Bartók incorporated Hungarian instruments in his compositions, such as the fiddle, cimbalom, zither, hammered dulcimer, hurdy-gurdy, and tárogató (Tári, 2006). Many ethnic pockets of each of the four regions (Transdanubia, Upper Hungary, Great Plain and Transylvania) are reflected in instrumentation and stylistic tendencies in Bartók's compositions. In a historical analysis of Bartók's folk music system, Tári (2006) provides a regional interpretation of instruments, music, and styles of music in Hungary throughout the 19th century and the Soviet regime.

Importance of Music Education in Hungary's Culture

Kodály, in addition to his contributions to folk music, is also known for his music education model, the Kodály Method, developed in the mid 20th century. Kodály influenced much of Western music education and embraced Hungarian nationalism in his model (Tiszai, 2018). "Kodály began to steer away from the use of traditional German techniques and drew more on Hungarian motifs in his music...undertaking the task of collecting and preserving the folk music of the Hungarian people by traveling through the countryside" (Neumann, 2006, p. 48). Kodály's theory concluded that children learn music best through concrete experiences and creating the music rather than listening to a lecturing teacher. Moreover, "Kodály thought that some parts of the soul could be reached only by music" (Forgács, 2008, para. 2), which was his motivation to provide music education for people of all socioeconomic classes.

The philosophy and objectives of the Kodály concept include singing, movable solfege and sequence teaching, with the underlying belief that every person has the right to learn music (Bowyer, 2015). Referring to Kodály's hand solfege signs, Nemes (2018) says that Kodály's "solmization does not only teach young people how to read music but how to think about music" (p. 10). Due to Kodály's positive influence on music education, "music lessons in school became more frequent and a curriculum was introduced that encompassed his vision of music teaching. He also founded primary schools with special musical education" (Forgács, 2008, para. 3). Furthermore, Kodály's newfound pedagogy was sought after in school settings as a form of expression and freedom from societal norms in response to the socialist regime's strict control of Hungarian music (Nemes, 2018). To this day, many Western schools of music follow and teach elements of Kodály's methods.

Another modern pedagogy of music in Hungary is the Kokás method which "facilitates a deep musical understanding through the repeated listening to selected short high-quality classical masterpieces. The Kokás-method offers personality-oriented complex forms of creative, artistic expressions to explore music" (Tiszai, 2018, p. 85). Influenced as a student by Kodály, Kokás's method is based on musical co-creativity through the experience of making music with other individuals and expressing the self through improvisatory dance and movement to music (Tiszai, 2018). University music students engaging in the Kokás Method were able to engage in reflecting body movement and musical dialogue in a state of flow (Vass, 2019). Moreover, Kokás's method developed to include a "widespread complex creative therapy method...combining music movement and visual expression to foster relaxation, muscle control, communication and self-expression for children who stutter" (Forgács, 2008, para. 7). Movement and music in Hungary are related, as explained with the "Táncház" movement.

Linking of Music Education and Music Therapy in Hungary

The first use of music in a therapeutic setting was during the 1960s when Hungarian psychologists and psychiatrists began exploring music in treatment with their clients (Urbán, 2003). With the exploration of music in psychiatric and hospital settings, special music educators also began adapting music therapeutically. Based on the Kokás and Kodály methods, a music educator in Hungary, Tiszai (2017) developed the Consonante Barrier-Free method based on Kodály's principles, which involved beginning the Nádizumzum Orchestra with modified instruments for adults with developmental disabilities to perform in a community concert. Kodály's reform on Hungarian music education developed the thought that "musical activities had a positive effect on cognitive development, logical thinking and concentration and as such also affecting students' performance in other fields of study" (Forgács, 2008, para. 3). This new idea inspired music teachers and musicians to institute music with special needs children to promote creativity (Forgács, 2008). Moreover, the Kokás method, originally used with typically developing children, has been developed and adopted by Hungarian music therapists working with children with disabilities (Tiszai, 2018). Utilizing these music education methods in music therapy has been a strong foundation for the basis of music therapy practice in Hungary, as Kodály's and Kokás's methods were adapted to be used with children with special needs (Forgács 2008).

Similar to the ideals of community music therapy, Hungary's music educators and psychologists first began using music as a recreational treatment tool with children with developmental disabilities and adults in psychiatric hospital settings in the late 1960s (Forgács 2008). Community music therapy embodies case sensitive and resource-oriented music making with disadvantaged people (Stige, 2015). This new use of music in this style marked the

development of music therapy in Hungary. Specifically, through folk music, music therapy began to gain recognition in Hungary. According to Tiszai (2015), “Folk music is a fundamental tool of connecting. Customs derived from ancient, national, and cultural forms of music can build strong ties within the community; where individuals can form a common social identity through music” (para. 25). Kodály’s method emphasizes that social changes and individuality is expressed through music, which is emulated in how some music therapists practice in Hungary today.

After Hungary joined the European Music Therapy Confederation in 1989, training courses began as a three-year post-graduate courses in Pécs, Hungary at the Liszt Academy of Music in conjunction with the Medical School of Pécs as well as a two-year program at the Eötvös University in Budapest (Urbán, 2003). Currently, the most common field in which music therapists work in Hungary are that of special needs and school settings, focusing on learning and developmental disabilities (Forgács, 2008). Other fields include geriatric wards, oncology wards, and a movement called “Music in Hospitals” for individuals with addiction, on hospice or with forensic patients. (Forgács, 2008).

In 1994, Ildiko Konta and Katalin Urbán Varga founded the HMTA (Varga and Kollár, 2015). As a relatively young profession with minimal state regulations and certifications, Varga and Kollár (2015) state that the growing number of music therapy students and professionals guide the profession to gain recognition from the country’s medical and healthcare professionals. It has been noted that “music integrated into the therapy process in psychiatry started in the late 60’s...several psychologists, psychiatrists and doctors started to experiment with music intuitively and independently from each” (Forgács, 2008, para. 8). Many of the goals were to

enhance relaxation and self-expression in psychiatric wards through creative methods such as music.

There is a limited amount of information and literature on the theoretical, psychological, musical and practice of music therapy in Hungary. As the world constantly develops, it is important for music therapists to widen their scope of cultural awareness and musical influences. The data collected from this research activity will fill part of this gap in Eastern European music therapy practices and approaches, providing the international music therapy community a resource about how culture and political history influenced and guided the use of music in music therapy and patterns of interactions to support therapeutic outcomes. Understanding the development of Hungarian music therapy can increase awareness in the profession about the importance of culturally relevant applications of music and treatment.

The following research question and sub questions will be addressed in this study:

- How did music therapy evolve in Hungary?
 - How does someone become a music therapist in Hungary?
 - How is music therapy practiced in Hungary today?
 - Which theoretical and cultural orientations inform music therapy approaches in Hungary and why?

Method

This study explored the history, development, and current practice of music therapy in Hungary through a qualitative interview method supported with historical documents and mentorship from the president of the HMTA. A semi-structured video interview method was chosen as the data collection method since interviews gain access and capture the essence of people's experiences, perceptions, opinions, emotions and knowledge (Keith, 2016, p. 234).

Using interviews as part of the method allowed for the explication of an interpretivist stance and receive real life communication with participants (Hadley, 2016).

Participants

Upon receipt of approval from the Institutional Review Board at Molloy College (Appendix A), recruitment for participants began by contacting the president of the HMTA via email as provided on the HMTA's website (<https://magyarzeneterapia.wordpress.com>) (Appendix E). The researcher received permission to recruit in Hungary and a letter of cultural attestation from the HMTA president in order to adhere to the international code of ethics (Appendix B).

The president of the HMTA provided the researcher email addresses for three possible participants who met the following inclusion criteria: (a) be of Hungarian descent and live in Hungary (b) be a licensed music therapist in Hungary (c) are currently practicing music therapy and have been for at least five years in Hungary (d) have the ability to participate in a video interview. In addition, all three participants are active members of the HMTA. Due to limited availability and accessibility to Hungarian music therapists, the president of the HMTA thought it would be best for him to choose the three participants to participate voluntarily rather than send out a mass email recruitment.

A detailed introduction email, information and consent form were provided to both the HMTA president and all participants via email (Appendices D and F). The consent form provided the topic of investigation, purpose of the study and method. Moreover, the participants were allowed to withdraw from this study at any time. The researcher offered to translate all forms, yet all participants were fluent in reading and comprehending English and did not request

the forms to be translated to Hungarian. All participants' names were withheld and provided pseudonyms of "Participant A, B or C" in this study to ensure privacy of personal information.

Table 1

Participant Descriptions

| Participants | Postgraduate Music Therapy Training | Work/Population | Background | Years in Practice |
|---------------|---|---|---|---|
| Participant A | University of Pécs Medical School | Adult and child psychiatric settings/hospitals. | General practitioner; chamber pianist | Received diploma in 2007; 13yrs |
| Participant B | Eötvös Loránd University Bárczi Gusztáv Faculty of Special Needs Education in Budapest. | Early intervention ages 0-3); foster care settings; mother-infant groups. | Music educator/pedagogue; professional singer with a focus in Hungarian folk music. | Received diploma in 2015; 5yrs |
| Participant C | University of Pécs Medical School | Adult and geriatric psychiatric rehabilitation settings/hospitals. | Professional flautist for Hungarian state opera (primary profession). | Received diploma in 2006; practicing since 2012; 8yrs |

Data Collection

All three semi-structured interviews took place over a video platform, Facebook Messenger, which was chosen based on the technological availabilities of the interviewee. Each semi-structured interview began with an introduction of the investigator and interviewee and lasted between 30-60 minutes. The interview consisted of the participant answering the prompted questions in a semi-structured form allowing new ideas to emerge if relevant (Appendix C). Interviewees received the interview questions in advance prior to the interview. The participants had a choice to complete the interviews in English or Hungarian, and all three participants chose to answer in Hungarian based on speaking fluency. Moreover, all three video interviews were audio recorded by

the investigator's smart phone recorder as signed consent was obtained from each interviewee. These audio recordings were transcribed in Hungarian, translated to English and then provided to each interviewee via email for member checking.

Although there may be issues in translating interviews into another language, the investigator made every effort to remain true to the content and intent of the participants' responses when translating their words to English (Murphy, 2016). The investigator provided the translations to the participants for member checking and revised any noted translation when applicable. In addition, the researcher confirmed with the president of the HMTA and referenced Hungarian to English dictionaries and the internet if the investigator did not recognize a word. In conjunction with the interview process, the president of the HMTA provided some historical documents that outlined the history of music therapy in Hungary which was utilized to support data from the interviews.

Data Analysis

Thematic analysis is defined as a "common general approach to analyzing qualitative data that does not rely on the specialized procedures of other means of analysis" (Hoskyns, 2016, p. 563). Moreover, a thematic analysis is beneficial in reporting reoccurring patterns and themes within a data set (Braun & Clarke, 2006). This approach is exploratory, and the researcher can use coding within transcriptions, documents or notes to find emerging themes. Hoskyn (2016) outlines three essential steps in completing a thematic analysis: "1. Seeing: recognizing an important moment in the data, 2. Seeing it as *something*: creating a code for the *moment*, 3. Interpreting it creating or sharing meaning" (p. 563).

As a constructivist paradigm, thematic analysis explores themes, ideas, and knowledge from a variety of perspectives. This study contrasted, examined and provided insight on how the three participants' answers resemble the reality of music therapy in Hungary. By capturing

themes, the researcher created meaning of patterns within the interviews and transcriptions (Braun & Clarke, 2015). Moreover, the researcher specifically utilized an inductive approach, which is when the themes identified directly relate to the data inductive analysis (Hoskyns, 2016). An inductive thematic analysis addresses both interpretivist and constructivist epistemologies with a purpose “to explore a particular phenomenon as it unfolds and reveals itself during the study, the aim being to explicate and understand the phenomenon” (Wheeler & Bruscia, 2016, p. 53). The investigator followed Braun and Clarke’s (2015) steps to thematic analysis:

1. Familiarizing yourself with your data: Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes: Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes: Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes: Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.
5. Defining and naming themes: Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report: The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis. (p. 87)

Thematic analysis supports diverse data sets, providing a generalized understanding of the theme. However, it has been noted that thematic analyses may lose focus on individual cases

and voice (Hoskyns, 2016). The researcher strived to maintain the voice of each participant's answers within the results. Through thematic analysis, this study explores how music therapy developed in Hungary from a constructivist epistemology, providing the field a new cultural perspective of how a nation's musical culture influenced the development of music therapy.

After organizing meaningful aspects of the data, the researcher followed phase three, four and five by searching for recurring themes in the data, reviewing the recurring themes and then defining each major theme. Each theme directly relates to the development and practice of music therapy in the Hungarian culture. After the data was analyzed based on the aforementioned phases, the researcher procured the report with concise and logical extractions with support from the actual data (i.e., direct quotes). In order to best capture the essence of how culture influenced the history, development and current practice of music therapy in Hungary, "thematic analysis can be a method that works both to reflect reality and to unpick or unravel the surface of 'reality'" (Braun & Clarke, 2006, p. 81).

Epoché

Based on the researcher's personal connection with Hungary and nationalism towards the culture, the researcher strived to practice reflexivity throughout data collection and the data analysis. One aspect that may have biased the interview is the researcher's own upbringing in Hungarian-American culture and her own language skills. There is a difference between what the researcher may have learned and what is reality in Hungary which is why the researcher consulted and conferred with the president of the HMTA as a cultural mentor. In addition, translating the interviews from Hungarian to English is based on the researcher's Hungarian dialect and English knowledge, all influenced by upbringing and current life.

In order to limit the influence of the researcher's personal bias in translating, the researcher member checked the translations of the interviews and all three participants sent their approval after providing and correcting the edits. Lastly, the researcher's exposure to Hungarian folk music and journey of becoming a music therapist as a first-generation Hungarian-American fueled the choice of embarking on this study. This in itself is a bias since the researcher was excited to learn about her country's development of music therapy and perhaps interpreted the data in more of a guided perspective to learn new facets rather than from an unbiased stance. The researcher journaled about her emotions and progress in relation to this study as well as confirmed with the president of the HMTA and the participants to make sure the all translations and facts were correct.

Results

This study was a culturally informed thematic analysis of music therapy in Hungary, including the history of music therapy, modes of practice, and steps to becoming a music therapist. The researcher individually video interviewed three Hungarian music therapists to better understand the way music therapy is practiced in Hungary to incorporate a constructivist worldview. Constructivism has become one of the most prominent types of research, "which acknowledges that the reality we perceive is constructed by our social, historical, and individual contexts" (Wheeler & Bruscia, 2016, p. 54). From the interviews, five themes and one sub-theme emerged. The results are presented in a narrative form supported by direct quotes from each participant.

Theme #1: Process of Becoming a Music Therapist

Each participant described their journey of becoming a music therapist in Hungary. There are two post-graduate programs offered in Hungary: The University of Pécs Medical School and

Eötvös Loránd University Bárczi Gusztáv Faculty of Special Needs Education in Budapest.

Participant A completed the training in Pécs in 2007, Participant B completed the training in Budapest in 2015, and Participant C completed the training in Pécs in 2006. To be accepted into these programs, one must already possess at least a bachelor's degree in humanities, have a minimum of six years of musical training, have an understanding of psychology, pass the entrance exam, and have 120 hours of self-experience either through a pre-requisite class offered by the program or attending personal music therapy. The first year of the training is comprised of learning theoretical foundations, developmental psychology, and psychopathology topics while the second year is dedicated to learning where and how music therapy is used in a variety of settings, in addition to a practicum. A collegiate level thesis is required in order to complete the training and become a certified music therapist.

Example 1: Participant A: I received my diploma in 2007 and since then, I have been working as a music therapist.

Example 1: Participant B: I officially became a music therapist in 2015 and have been working as one since.

Example 1: Participant C: I am one of the first class that graduated from the music therapy program. So, there was no music therapy training before 2003, which is when it began. I became a music therapist in 2006.

All three participants were aware of the development of music therapy in Hungary, beginning officially after the Communist regime change in. With the strong musicology influences of Orff, Bartók, Kodály, and Kokás in Hungarian education and culture, using music as a therapeutic modality became popular especially in special education prior to the 2003 training. With the help of German music therapists, Hungary's first music therapy trainings

began in 1992 but were halted in 1996, when European Union regulation compliance began. The first official, accredited training in Hungary began in 2003 at the University of Pécs Medical School.

Example 2: Participant A: About thirty years ago, back when I was in my undergrad in medical school, a team of music therapists from Germany came and did a couple of weeks of very intensive trainings in Hungary...The first trainees, like Buzási Miklos, then began the first accredited training in Pécs...[Music therapy] is still very young in Hungary.

Example 2: Participant B: Dr. Urbán Katalin created the training in Budapest which is where I studied...but the first training was in Pécs.

Example 2: Participant C: Some people in the 90s began exploring music therapy modalities, but there wasn't any official, accredited program, even though these pioneers called themselves music therapists. Only in 2003, when I started, was the first program in Pécs fully accredited and official within a university setting backed by scientific criteria.

Sub-Theme #1: Music Therapy as Secondary Profession

All three participants came from a variety of backgrounds prior to completing the music therapy training. Participant A became a general practitioner and then attended a piano chamber music training prior to enrolling in the music therapy program. Participant B received both a bachelor's and master's degree in voice pedagogy, specifically in Hungarian folk music, and was a music teacher before becoming a music therapist. Participant C is also a professional musician, a flautist playing with the Hungarian state opera before deciding to be a music therapist as a secondary profession. Each participant had a unique journey in becoming a music therapist.

Example 1: Participant A: It was really difficult for me to decide what I want to become, a musician or a doctor, but I think I became both and the music therapy training connected the two.

Example 1: Participant B: I then began teaching music...using a lot of improvisation. It then became clear to me that I don't want to take part in music by teaching, but rather to be working with people on a therapeutic level.

Example 1: Participant C: When I was pregnant with my second child, it was a problematic pregnancy...At my women's clinic, there was a psychotherapist working there who held unofficial music therapy sessions, working with musical modalities. This group had a great influence on me...and I really began to believe that you can help people with not just medical interventions, but through a holistic, non-invasive and musical lens.

According to the president of the HMTA, there are currently about 100 individuals who have received a postgraduate music therapy degree in Hungary; however, only about 50 people actually work as music therapists at a part time job. About 20 individuals work at more than two places and about one percent work full time as a music therapist. Many music therapists begin their career by volunteering before getting paid for their services. For example, Participant C described how she worked voluntarily at a local hospital as a music therapist for two years prior to getting hired and then paid. Moreover, Participant A works primarily at a hospital but also part-time for a secondary foundation. Participant B works part-time as a self-employed music therapist for two foundations, but also performs and teaches music. Participant C works part-time as a music therapist and primarily as a professional flautist. The participants explained that the

reason for having difficulty in finding job placement and compensation is related to a lack of pre-requisites, lack of research and that it is a very young field.

Example 2: Participant B: I think it would be beneficial to have at least a Bachelor's in psychology to better represent what we are doing.

Example 2: Participant C: There are very few people in Hungary that are music therapists primarily, or rely on it as their primary profession, simply because it is such a young field here... for the most part, music therapy is a secondary profession/side job. For me, my primary is working in the state opera's orchestra.

Theme #2: Cultural Influence on the Application of Music Therapy Methods

According to all three participants, the practice of music therapy in Hungary was largely influenced by international approaches of music therapy, especially German. The participants described that after the abolishment of the Communist regime change in 1989, the Hungarian pioneers of music therapy along with German music therapists led intensives in Hungary, which eventually blossomed into the two accredited post-graduate programs in 2003. The current practice of music therapy in Hungary is largely influenced by Hungarian music, culture and modalities, yet German methods and analytical approaches. All three participants stated they practice within an analytical realm based on German influences.

Example 1: Participant A: A team of music therapists from Germany came and did a couple of weeks of very intensive training in Hungary...I work in the analytical approach.

Example 1: Participant B: Well, we adopted a German design of music therapy...A group of Germans came to teach music therapy intensives here.

Example 1: Participant C: The German philosophy of music therapy really influenced my knowledge of music therapy, because one of my professors was taught by the German music therapists who came to Hungary and then helped create this training. Moreover, I was taught and practice in an analytical mindset with a focus of community.

In conjunction with German design and models of music therapy, traditional Hungarian folk music and musicologists also helped form the ideologies in which music therapists practice. Along with folk music comes the influence of a united sense of community, socialization and historical grounding of the Hungarian people. All three participants commented on the role of Hungarian folk music in their work.

Example 1: Participant A: Very few countries have so many musical tendencies, styles and history like Hungary does, which guided the training. Our collection of folk music is extremely unique.

Example 1: Participant B: Granted, in every country music proficiency is different, however, here in Hungary, it is really easy and inexpensive to find a music school. Most children actually attend some form of a music school or class...Our folk music is so ingrained in our culture and education.

Example 1: Participant C: This type of music (Hungarian folk songs) is our foundation for verbal discussion; we usually talk about what the folksong is talking about and what associations they imply and so on.

With the combination of German approaches and Hungarian culture, participants described their use of active and receptive music therapy. The participants described active music therapy as recreative, compositional, community centered and improvisational music

therapy, where clients are actively making music. Receptive music therapy is when clients and groups listen to pre-recorded music and focus on music and imagery, lyric analysis or relaxation.

Example 3: Participant A: In active music therapy, we create the musical improvisation based on the analytical approach and we incorporate a lot of musical games. If we are doing receptive music therapy, I play pre-recorded music that consists of classical, baroque, classics, popular, jazz...or just play their music, what they usually listen to.

Example 3: Participant B: Well, I work in an analytical framework. For the most part in my groups, it depends on what they need or want in the moment. For my Mommy and Me classes, I only use Hungarian folk songs...It has specific styles and layers that can be molded to this age group to promote pre-verbalizations. For my other group, I do 70% active music therapy and 30% receptive music therapy.

Example 3: Participant C: We sing a lot...On one of the units, with the elderly, I use folk music, Gypsy music and Hungarian oldies because that's what they remember the most. On the other unit...we use a wide variety of musical styles. I interview each person prior to music therapy to learn more about what they like...We also listen to a lot of music receptively.

In active music therapy, each participant stated that they use the German Orff approach with Orff instruments to improvise, which is comprised of drums, xylophones, percussive instruments, shakers and any instrument that can be hit, beaten, or shaken. Participant A stated that she also has a therapy room where they have various instruments, like a guitar, a piano, and a gong. Participant B states that they sometimes use ukulele, but not guitar or piano. Participant C sometimes uses piano but no guitar; her groups sometimes make their own instruments.

Moreover, Kodály's musical philosophies influence the current day practice of music therapy, even if not all participants utilize folk music in their sessions.

Example 4: Participant A: Kodály especially had an outlook about how with music, we as human beings become whole and how important his work is for music therapy. Kokas Klara is also important, but she is a music pedagogist, not a music therapist. There is a fine line between music psychotherapy and pedagogy, and it is important to find that distinction.

Example 4: Participant B: We use folk songs in a playful manner, combining movement and also our voices which also helps secondarily for the babies to learn how to move and find their voices. Lastly, it also encourages mother and child bonding as the mother guides her child to move, dance, sing, and touch.

Example 4: Participant C: We usually talk about what the folksong is talking about and what associations they imply and so on. It's kind of like a brain massage for them [her clients] and they are in much better places mentally after the music.

Although folk music is not used all the time in sessions, folk music is an innate aspect of Hungarian life, especially in the early stages of life. The concept that all individuals have a right to music and a right to make music is instilled early in childhood and is one of the Kodály Method's main tenets.

Theme #3: Lack of Recognition and Autonomy for Hungarian Music Therapists

In Hungary, the regulations for practicing psychotherapy are extremely monitored. All three participants elaborated on the fact that no music therapist is allowed to practice without supervision or being part of an interdisciplinary team. Due to the strict rules, music therapists

lack a sense of autonomy, especially when working in psychotherapeutic settings rather than social settings.

Example 1: Participant A: Therapy in Hungary is a very seriously taken concept and area of work and to become a psychotherapist, you would have to be a doctor focusing in the area of psychiatry or psychology...It's extremely challenging and to my knowledge, nowhere else in the world is it this difficult or monitored.

Example 2: Participant A: We do struggle at times, fighting for our place as an accepted therapy, and that yes, we are doing psychotherapeutic and important work.

Example 1: Participant B: Without actually having a diploma in psychology or psychotherapy...We as music therapists will always have to advocate and prove that yes, indeed, we are doing analytical and important work. Since most of us are not psychotherapists or psychologists, it is pretty hard to receive recognition for what we do.

Example 1: Participant C: I cannot work truly independently, since I always have to have supervision. I can work in a team or with someone else, but I cannot do psychotherapeutic work by myself. Hungary is very strict about who can be a psychotherapist – only a doctor or psychologist can be one, and then trained in psychotherapy for many years.

Whether a music therapist is part of an interdisciplinary team, foundation, or self-employed, supervision is mandatory. Participant A explained that even though she is a medical general practitioner that works as a music therapist, she cannot lead a group independently and without supervision after or before. Participant B receives team supervision and works in a team while co-leading and also receives mandatory supervision. They explained that music therapists are able to choose their own supervisor based on the framework they use for their work.

Participant C pays privately for a supervisor who is a psychotherapist. She mentioned that currently, there is no music therapist who is also a psychotherapist who could provide supervision in Hungary. The participants also explained that the prevalence and acceptance of music therapy as an autonomous profession in Hungary could be due to the fact that there is no known published music therapy studies or research in Hungary.

Example 3: Participant A: There is very little, if any, Hungarian writings/articles that I know of, simply because Hungarian is a ‘tiny’ and hard language. Most of us all have to speak English either way, or French or German, and usually most literature we use is translated from English.

Example 2: Participant B: We want to learn from other perspectives and last year we went to Leuven to do this and learn...We [Hungary] don’t have a lot, but I think the research world is growing.

Example 2: Participant C: I could attend a doctorate program, but only internationally. There are no doctorate programs here in Hungary. So, for the most part, I do not know of many research studies in Hungary. A lot of music therapists go to other countries and do studies there.

Theme #4: Attitudes Towards Therapy in Hungary

In each interview, the participants expressed that some of the reasons why music therapy is still such a young profession in Hungary are due to the stigma surrounding therapy, lack of understanding, and strict government rules within psychotherapeutic work. When socialism ended in 1989, new fields emerged, including music therapy. Hungary’s political history appears to have had a major effect on the social stigma of seeking personal therapy.

Example 1: Participant A: After World War II, therapy and psychology in general were a really suppressed field during communist rule.

Example 1: Participant B: With each day I think it gets better and becomes more accepted as a field in Hungary, especially within the general public. Within healthcare professions on the other hand, it still has a long way to go.

Example 1: Participant C: Therapy was not a thing before the 90s, and for those who are in their sixties and seventies now, they have no concept of therapy and do not support it...there used to be a lot of psychotherapeutic work prior to WWII, but that foundation was lost...until the Regime Change.

The participants described how the term “therapy” is viewed in Hungary today.

Participant A explained that the older generations do not acknowledge people with mental illness, people with developmental disabilities, nor do they acknowledge any form of therapy. However, Participant A believed the younger generation is more accepting of therapy overall. Participant B believed that the working classes are “scared of the word therapy,” yet people living with more education in the middle to upper classes are more accepting of therapy. Participant C agreed that seeking therapy and accepting the overall profession of therapy depends on social status, class and generation. With regards to music therapy, the participants were varied within their answers.

Example 2: Participant A: In my groups, I come across members saying that their families degrade them for going to therapy.

Example 2: Participant B: With each day I think it gets better and becomes more accepted as a field in Hungary, especially within the general public. Within healthcare professions on the other hand, it still has a long way to go.

Example 2: Participant C: I think there are two extremes of thought with music therapy...one that is a hippie/new age way of being and everything is great with music without looking at the scientific support behind it...The other is that it is viewed as childish and unnecessary. I come across this extreme a lot at the hospital unfortunately. Overall, there is a consensus between the participants that it can be difficult to gain acceptance as a music therapist. It varies between family members and clients disliking the idea of attending and being degraded to participate in a “childish activity” to at times not being accepted by other professions. However, the participants also described that they have experienced positive encounters as a music therapist as well.

Example 3: Participant A: It’s also great to be a music therapist, because then the stigma of therapy is softened by the word “music.’

Example 3: Participant B: I see music therapy mostly from a child’s perspective, and I think parents or adults are more reluctant to send their children to therapy, rather than actually going themselves.

Example 3: Participant C: But where I work, it is overall very much accepted to go to [music] therapy.

Theme #5: Future Outlook

The fifth major theme is the view for the future of music therapy in Hungary. The participants described how the HMTA is a member of the European Music Therapy Confederation (EMTC) and hopes to become more of an influential presence within Europe and the world.

Example 1: Participant A: It [to advocate] is so crucial, especially when working with nonverbal patients, for example, and when we work with them, and they are able to

...speak, it [music therapy] truly works! But this is extremely difficult to show and prove – but no problem, we will do it!

Example 1: Participant B: We are still in the growing phases of our association... We do not even have an emblem or logo.

Example 1: Participant C: We began a music therapy club on Facebook... We did this because there are very few of us actually working as music therapists in Hungary and we barely know each other.

There is a need for growth and recognition of the HMTA in order to better meet the needs of clients and receive funding for future research. Currently, there is no music therapy research in Hungary. According to the participants, there is a lack of funding, recognition, time and ability to do research. One of the main goals of the HMTA is to grow in membership and promote participation in international conferences in order to receive the recognition and support to flourish as an organization.

Example 2: Participant A: We have to stand up and advocate for ourselves.

Example 2: Participant B: We are striving to have more of a presence internationally... in January we organized our first conference.

Example 2: Participant C: We are really building our connections in Europe and internationally... We are growing.

Overall, there is a sense of movement and progression from the participants with regards to the growth of the HMTA. The five themes and one sub-theme that emerged within this study provide a culturally informed understanding of music therapy practices and approaches in Hungary in conjunction with how to become a music therapist. It was noted that most music therapists practice part-time and become a music therapist for a secondary profession. There is

difficulty in gaining autonomy and practicing independently due to strict laws in Hungary enforcing the practice of psychotherapy. The participants all stated how the HMTA is striving towards growth, recognition, research and a more accepted cultural understanding of music therapy in Hungary.

Discussion

In the exploration of a culturally informed practice of music therapy in Hungary, the following themes emerged: *(a) process of becoming a music therapist, with a sub-theme of (a1) music therapy as a secondary profession, (b) cultural influence on the application of music therapy methods, (c) lack of recognition and autonomy for Hungarian music therapists, (d) cultural understanding of therapy and (e) future outlook.* The themes and subthemes will be addressed in the context of the research questions guiding this study.

Question 1: How Did Music Therapy Evolve in Hungary?

The practice and acceptance of music therapy as a profession in Hungary directly correlates to the nation's political and social history. The end of World War II brought about a change of life, attitudes and social norms. During communism, the field of psychology and the professions related to the humanities were suppressed (Urbán, 2003). All three participants described that due to this historical suppression, the acceptance of music therapy and therapy in general has posed difficulties in the development of the profession.

Despite the control on the humanity professions, starting in the late 1960s and early 1970s, psychologists and psychiatrists began using music to help soothe and treat their patients. It was during this time that Hungary's medical and educational community began questioning how music could provide therapeutic qualities in addition to just being a leisure activity (Konta, 2001). These doctors and special education teachers became the pioneers of music therapy in

Hungary (i.e. Márta Olsvay, Árpád Bálint, Ildikó Konta, Kinga Honthy, Erika Puskás, etc.) and in 1980, it was determined that there was a need to develop a separate music therapy training in order to use music in a clinical setting (Urbán, 2003).

The first individuals who began music therapy traveled abroad for music therapy conferences and learned about music therapy courses in England, Finland, Germany, Holland, Denmark, Switzerland, Austria, Israel and other countries (Urbán, 2003). The participants also recounted that with the guidance of foreign nations, such as Germany and Belgium, Hungary held their first national music therapy conference in 1988. After the rapid fall of communism and regime change in 1989, Hungary became a democratic, constitutional state (Tatham, 2013). After this, the opportunity for developing new professions like music therapy emerged and flourished.

During the early 1990s, German music therapists came to Hungary to hold intensive seminars and guide the Hungarian music therapy pioneers to create the first postgraduate music therapy program in 1992 which was a three-year program. However, in 1996, due to newly instated European Union regulations, the program was canceled until it became officially accredited by the Hungarian government. The first accredited postgraduate music therapy program began in Pecs in 2003, which is when Participants A and C started their training. Another training program opened the same year in Budapest. Music therapy is still relatively a young profession in Hungary, yet there is significant growth and prospect for the field of music therapy to become more accepted and practiced in Hungary.

Sub-question 1: How Does Someone Become a Music Therapist in Hungary?

Each participant went into detail about the post-graduate program and what the steps are to be able to practice music therapy. All three participants described how they came to study music therapy from different backgrounds, but they all had a passion for and understanding of

the value of music within a clinical setting. It is mandatory to have at least a bachelor's, if not master's degree within the humanities prior to being accepted into the postgraduate program (Urbán, 2003). Given that all individuals who enroll in the postgraduate music therapy programs already hold a degree, it is not uncommon for people to come from different fields into music therapy. For each of the participants, becoming a music therapist was a secondary or complementary profession since there is only a postgraduate program for music therapy in Hungary. It is also required to have a proficient understanding of music (theory, solmization, and performance) prior to enrolling in the postgraduate program.

Since music education is compulsory from elementary school based mostly around the Kodály method, many Hungarians in general have a comprehensive understanding of music. Therefore, each participant had a thorough knowledge and practice of music prior to acceptance to the postgraduate program with at least six years of advanced musical training and active musical practice, such as performing, practicing to maintain skills or teaching, throughout their life whether it is prior to, during, or after receiving their bachelor's degree. Despite possibly coming into the program from a non-musical field, it is mandatory to have musical training and be proficient in a musical notation, theory and a primary instrument.

Sub-question 2: How is Music Therapy Practiced in Hungary Today?

One of the most difficult aspects participants reported of practicing as a music therapist in Hungary is that psychotherapy is strictly monitored by the government. There are limitations within the scope of practice of a music therapist, and therefore it is difficult for music therapists to advance in trainings and conduct research. Music therapists are not viewed as primary therapists and must work in a team setting and receive mandatory supervision by a non-music therapist.

The participants also described how the term “therapy” in Hungary may socially be unacceptable. This negative stigma of attending therapy stems from communist rule where the humanity fields were very suppressed and therapy was viewed as shameful (Urbán, 2003). Participant A also stated that after World War II, therapy and psychology were suppressed fields and Participant C agreed that overall psychotherapeutic work was non-existent prior to the Regime Change. With this said, it is important to note how sociocultural forces influenced the evolution of music therapy in Hungary. Psychology overall was not seen as a legitimate medical field during communism, and “because music therapy is related to both psychology and some branches of medicine, this negative judgment and uncertainty have a profound effect on its acceptance (in Hungary)” (Urbán, 2003). Based on the findings, the concept of therapy still holds a negative and judgmental stigma in Hungary, especially with older generations, which has a direct influence on the acceptance of music therapy as a profession in both the medical field and overall population. However, the younger generations are more accepting and willing to attend therapy as well as music therapy.

The participants described how this stigma, especially within the medical field not accepting music therapy as a “real” therapy, has stagnated the growth of the field. With the combination of strict laws governing the use of psychotherapy in Hungary in conjunction with a lack of research and funding, the development of the profession has been difficult. It is this reason that most music therapists in Hungary work either part-time or are contracted part-time at multiple jobs. Despite these setbacks, the participants and the HMTA are striving towards gaining more knowledge, developing the field and learning from other nations on how to grow and advocate for the field. Moreover, music therapists in Hungary strive to be salient members of their interdisciplinary teams and work towards the needs of their clients. Although it is difficult

for the music therapy profession to flourish under such circumstances, the participants are optimistic of the HMTA's growth and presence internationally, hoping to then gain more recognition within their own country's professional landscape.

Sub-question 3: Which Theoretical and Cultural Orientations Inform Music Therapy Approaches in Hungary?

Typically, a combination of humanistic and psychoanalytical approach is used in music therapy in Hungary. Since the Hungarian pioneers of music therapy modelled their programs after German trainings, these participants practice based on German philosophies while incorporating Hungarian musical tendencies, ideologies and cultural values within their sessions. Hungarian music therapists molded German theoretical orientations with Hungarian music to create their own form of music therapy to relate to the needs of the Hungarian people, especially with the use of Hungarian folk songs. This fusing of two nations can be dated back to the medieval period where Germany's influence was present in civil and commercial rulings (Tatham, 2013, p. 46). Throughout history and up until the Regime Change in 1989, Hungary was coerced into German rule and thought, and often times revolted, accounting for much of the unrest between the two nations (Tatham, 2013).

Although Hungarian music had a great impact on the growth of music therapy as a profession, the field is also influenced by German philosophies. All three participants agreed that much of their music therapy sessions and overall music education training are influenced by Kodaly's humanistic musical philosophy. According to his philosophy,

music and music literacy should be accessible to everyone, not just the upper classes. He believed that to teach music literacy, authentic and high-quality folk music of the child's

cultural heritage should be used and...the voice should be the child's first instrument.

(Pretty-Norbury & Pontarini, 2019, p. 9)

Moreover, Kodaly's theory also encourages an individual to feel and make music as an individual, rather than perform and record the music in a perfectionist format (Urbán, 2003).

Originally designed to teach typically developing children music, the "Orff Approach or Orff Process is a philosophy used to teach music that combines music, singing, chanting, movement, drama, and percussion instruments" (Pretty-Norbury & Pontarini, 2018, p. 9) and has been modified for music therapy settings. Similar to Kodály, its salient feature lies in emphasizing how "elemental music is a universal form of human self-expression which develops naturally and does not require special or sophisticated training" (Bruscia, 1987, p. 219). All three participants stated that they utilize Orff instruments, which include percussive drums, shakers, beaters and any instrument that does not require prior skill in order to diminish the essence of performance or professional music making within a music therapy session. The participants use either active music therapy, which encompasses improvisation and spontaneous music making to meet the client's individual needs and expression, or receptive music therapy where there is active music listening and then discussion or other activities based around the listening.

It can be noted that music therapy in Hungary is an amalgamation of predominantly Kodály's and Orff's music educational philosophies adapted into a therapeutic setting. Since Kodály considered folk music to be representative of a child's cultural world, it can be intertwined with the concept of the inner child (Priestley, 2011). Urbán (2003) supports the results in that the main theoretical approach to music therapy in Hungary is a blend of psychoanalytical approaches. The combination of Kodály's a cappella singing and rhythm with Orff's instrumentarium and body percussion, creates a union between Hungarian and German

music philosophies that have translated into the music therapy setting in Hungary today. These elements of fusing cultures directly correlate to the development of music therapy. When looking at a culturally informed therapeutic practice, it is important to note how the history of a nation effects the field of music therapy. Hungary had based its knowledge of music therapy on Germanic influences, as it did with many other areas of history, but then combined its own unique culture and heritage to create its own way of practicing music therapy to treat and meet the needs of their specific clients.

Conclusion

This study explored the history, development and current practice of music therapy in Hungary through analyzing qualitative interviews with three Hungarian music therapists. The results indicate that the development of the profession of music therapy in Hungary is directly related to historical events and the abolishment of communism. The influence of German music therapists helped guide Hungary's creation of the first accredited music therapy post-graduate program in 2003 and since then, there are about 100 currently practicing music therapists in Hungary. German music methods, such as the Orff Method, in combination with Hungarian folk music and approaches, such as of Kodály and Bartok, influence the current practice of music therapy in most settings. All music therapists come from a different background within the field of humanities and most practice under a psychoanalytical approach.

The results from this research study offer a cultural perspective on the development of music therapy that could be useful to the larger international music therapy community. Every country in the world has its own individual history and relationship with music, that may or may not have helped guide the profession of music therapy in their nation. Through learning and understanding the role of culture on the development of music therapy practice in Hungary,

music therapists can gain knowledge that leads to increased cultural awareness in meeting the needs of clients with whom they work. The development of music therapy in Hungary illustrates how international and native influences can converge to create a unique approach to clinical practice rooted in the traditional music of the country. By exploring and understanding this growth, music therapists in other nations may be able to engage in similar processes to develop a culturally sensitive practice that is responsive to the needs of clients in their own countries.

Limitations

There were several limitations in this study. This study was limited in scope due to interviewing only three participants. As this is a small sample size, it does not properly represent all music therapists and how they practice in Hungary. If this study was recreated, the researcher suggests a larger number of participants to allow for a richer, fuller understanding of the role of culture on the development of music therapy in Hungary.

Another significant limitation in this study was that the researcher was also the translator. This created potential bias to the results, since the interview was translated from the perspective of the researcher with the goal of eventually creating themes, rather than having an external unbiased translator. To increase trustworthiness, the researcher member checked the interview transcription translations with the Hungarian music therapists and attempted to uphold the integrity of the interviews while translating. In addition, the researcher consulted the president of the HMTA in order to maintain validity in the translations and results. For future research, a professional translator is recommended to reduce bias, better uphold the integrity of the interview answers and increase credibility and validity.

Another limitation is the fact that the president of the HMTA provided the researcher with the contact information for the three participants. This created an external bias towards

participant selection. The researcher suggests randomizing participation by emailing the association as a whole for voluntary interviewees, rather than having the president of the HMTA choose which participations to interview. This would result in less bias in recruitment.

Recommendations for Further Research

While this study focused specifically on the development of music therapy within the Hungarian culture, there is a need to research other cultures' influence on the practice of music therapy in order to gain knowledge and perspective of other nations' development of a therapeutic practice. The United States is an amalgamation of cultures and ethnicities, and historically it would be beneficial to learn how other countries and cultures developed (or did not develop) music therapy as a profession to meet the needs of their people from a culturally sensitive approach.

It may be beneficial to recreate this study (or any future studies of this nature) as a survey method in order to discover a broader essence of how music therapy is practiced in Hungary or another nation. Moreover, historical analyses may be done to provide more of a well-rounded approach to understanding social and political nuances within a country prior to the development of music therapy to determine whether there was any correlation. There is a limited number of recent studies and resources that the researcher found which encompass the historical development of music therapy as a profession within a specific culture. Further research would be beneficial to provide a better understanding of how a nation's history of music and culture influence the field of music therapy as a whole.

Implications for the Field

This research study is one of the first to explore cultural implications on the history, development and current practice of music therapy in a specific country. If a music therapist ever

works with a Hungarian client, this study may provide knowledge about their specific culture and customs. Moreover, the music therapy field will learn how a country's development of music therapy was intertwined with political, cultural, economic and social factors that led to the acceptance of the training programs and profession. This study is relevant to other nations and countries as it offers a perspective on how culture and music therapy coincide. It is important to for music therapists to become aware of their own and other nation's cultural implications as it determines how our clients may react to music making and their understanding of therapy

In the American Music Therapy Association Professional Competencies, culture is part of five competencies:

1.2 Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.

11.1 Select and implement effective culturally based methods for assessing the client's strengths, needs, musical preferences, level of musical functioning, and development.

13.12 Develop and maintain a repertoire of music for age, culture and stylistic differences.

17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.

17.11 Demonstrate skill in working with culturally diverse populations. (AMTA, 2013).

To supplement learning these competencies, studies like this can provide an in-depth analysis of cultural perspective, history, humility and sensitivity to a therapeutically informed practice.

Thus, this study provided insight into how a specific nation, Hungary, developed its modern practice of music therapy directly related to historical uprisings, international guidance and a distinguished cultural heritage.

References

- American Music Therapy Association. (2013, November 23). *American Music Therapy Association Professional Competencies*. <https://www.musictherapy.org/about/competencies/>
- Balassa, I., Ortutay, G., & András, L. T. (1979). *Hungarian ethnography and folklore*. Digital Library of Hungarian Studies. <http://mek.oszk.hu/02700/02790/html/index.html>
- Baker, F. A. & Young, L. (2016). The relationship between research and practice. In B.L Wheeler & K.M. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 98-117). Barcelona.
- Bowyer, J. (2015). More than solfège and hand signs: Philosophy, tools, and lesson planning in the authentic Kodály classroom. *Music Educators Journal*, 102(2), 69-76.
<https://doi.org/10.1177/0027432115611232>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Charles C. Thomas.
- Domokos, M. & Paksa, K. (2008). The Hungarian folk song in the 18th century. *Studia Musicologica*, 49(1/2), 105-125. <https://doi.org/10.1556/SMus.49.2008.1-2.6>
- Estrella, K. (2001). Multicultural approaches to music therapy supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp. 39–66). Barcelona.
- Forgács, E. (2008). Music Therapy in Hungary. *Voices Resources*. Retrieved January 10, 2015, from http://testvoices.uib.no/community/?q=country/monthhungary_september2008
- Hadley, S. (2016). Interpretivist historical research. In B.L Wheeler & K.M. Murphy (Eds.),

- Music therapy research* (3rd ed., pp. 1319-1336). Barcelona.
- Hiller, J. (2016). Epistemological foundations of objectivist and interpretivist research. In B.L. Wheeler & K.M. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 236-268). Barcelona.
- Hicks, J. (2020). The history, current role, and future of music therapy in India: International Interviews with Prof. Dr. Sumathy Sundar and Aastha Luthra. *Voices: A World Forum for Music Therapy*, 20(1), (1-9). <https://doi.org/10.15845/voices.v20i1.2871>
- Hooker, L. M. (2015). From cafe to stage to museum: The transformation of the Gypsy music industry in 20th century Hungary. *Hungarian Studies: A Journal of the International Association for Hungarian Studies and Balassi Institute*, 29(1), 121-134. <https://doi.org/10.1556/044.2015.29.1-2.8>
- Hoskyns, S. (2016). Thematic Analysis. In B.L. Wheeler & K.M. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 563-570). Barcelona.
- Hungarian Minor Scale. (2011, December 01). In *Wikipedia*. https://en.m.wikipedia.org/wiki/File:Hungarian_minor_scale_on_C.png
- Keith, D. R. (2016). Data collection in interpretivist research. In B.L. Wheeler & K.M. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 231-244). Barcelona.
- Kim, S. (2008). The supervisee's experience in cross-cultural music therapy supervision. *Qualitative Inquiries in Music Therapy*, 4, 1-44. Barcelona.
- Konta, I. M. (2001, August 3). *A Magyar Zeneterápiás Egyesület rövid története [The Short History of the Hungarian Music Therapy Association]*. [Paper presentation]. Bátorbágy, Hungary.
- Korzenszky, T. (2015). Traditional Hungarian Romani/Gypsy dance and Romanian electronic

- pop-folk music in Transylvania. *Acta Ethnographica Hungarica*, 60(1), 43-51.
<https://doi.org.10.1556/022.2015.60.1.5>
- Króó, G. (1974) Hungarian music since 1945. In Szabolcsi, B. (1964), *A concise history of Hungarian music* (2nd ed. pp. 1-239). Budapest, Hungary. [http://mek.oszk.hu/02100/2172/html /index.html](http://mek.oszk.hu/02100/2172/html/index.html)
- Lovász, I. (2014, November 8-9). *Female voice as a tool of sacred communication and healing in the Hungarian tradition* [Conference session]. Konference Hlasohled, (pp.27-52). Prague, Czech Republic. http://www.hlasohled.cz/uploads/pdf/SBORNIKY%20-%20KONFERENCE/sbornik_konference%202014.pdf
- Loya, S. (2016). Recomposing national identity: Four transcultural readings of Liszt's marche hongroise d'après Schubert. *Journal of the American Musicological Society*, 69(2), 409-476. <https://doi.org/10.1525/jams.2016.69.2.409>
- McCarthy, J. (2009). Shedding and shredding the Hungarian minor scale. *Guitar Player*, 43(6), 96.
- Murphy, K. (2016). Ethical thinking in music therapy research. In B.L Wheeler & K.M. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 172-186). Barcelona.
- Nemes, L. N. (2018). The impact of changing social and cultural environment on the Hungarian adaptation of Zoltan Kodály's music pedagogical concept. *Kodály Envoy*, 44(4), 10-14.
- Neumann, C. (2006). The Kodály method and learning theories. *The Canadian Music Educator*, 47(4), 48-49.
- Perlmutter, A. (2009). Orff-Schulwerk with and without Orff instruments. *Teaching Music*, 16(5), 48.

- Pretty-Norbury, G., & Pontarini, L. (2018). Kodály or Orff? Why not both? *The Canadian Music Educator*, 60(1), 9-14.
- Priestley, M. (2011). *Essays on analytical music therapy*. Barcelona.
- Quinn, E. (2014). *Franz Liszt: A story of central European subjectivity*. Brill.
- Sinor, D. (2003). Stephen I, King of Hungary, St. In *New Catholic Encyclopedia* (2nd ed., Vol. 13, Gale. <https://link.gale.com/apps/doc/CX3407710662/GVRL?u=rock73086&sid=GVRL&xid=fb378878>. Accessed 15 Oct. 2019.
- Stige, B. (2015). Community music therapy. In B.L. Wheeler (Ed.) *Music therapy handbook*, (pp. 233-245). The Guilford Press.
- Swamy, S. (2014). Music therapy in the global age: Three keys to successful culturally centered practice. *The New Zealand Journal of Music Therapy*, 12, 34-57.
- Szabolcsi, B. (1964), A concise history of Hungarian music (2nd ed. pp. 1-239). Budapest, Hungary. <http://mek.oszk.hu/02100/02172/html/index.html>
- Tári, L. (1998). The instruments and instrumental folk music of the Hungarian minority in Slovakia in the 20th Century. *Studia Musicologica Academiae Scientiarum Hungaricae*, 39(1), 35-52. <https://doi.org/10.2307/902509>
- Tári, L. (2006). Bartók's collection of Hungarian instrumental folk music and its system. *Studia Musicologica Academiae Scientiarum Hungaricae*, 47(2), 141-166.
- Tatham, A. F. (2013). *Central European constitutional courts in the face of EU membership: The influence of the German model in Hungary and Poland*. Brill.
- TEDx Talks. (2015, July 10). *How culture drives behaviour*. [Video]. Youtube. <https://www.youtube.com/watch?v=l-Yy6poJ2zs&feature=youtu.be>
- Tiszai, L. (2015). Kodály approach in the crossroad of education and therapy. *Voices: A World*

- Forum for Music Therapy*, 15(2). <https://doi.org/10.15845/voices.v15i2.804>
- Tiszai, L., & Szücs-Ittész, Z. (2016). Community music therapy projects between musicians living with severe disabilities and adolescent music students. *Nordic Journal of Music Therapy*, 25(1), 152-153. <https://doi.org/10.1080/08098131.2016.1180203>
- Tiszai, L. (2017). Consonante, the barrier-free method: Orchestral work with individuals with severe disabilities. *The Journal of Art for Life*, 8(9), 1-17. <https://stamp-music.org/wp-content/uploads/2018/11/TiszaiConsonante.pdf>
- Tiszai, L. (2018). Therapeutic application of the Kokás-method in music therapy for people with severe disabilities. *Journal of Russian & East European Psychology*, 55(1), 85-105. <https://doi.org/10.1080/10610405.2018.1491241>
- Urbán, K. (2003, June 24-28). *Zene a terápiában, a gyógyításban és a tanácsadásban témában I. [Music in therapy, healing and counseling on topic I]*. [Paper presentation]. International Conference: Music's Role in Healing, Hamburg, Germany.
- Varga, Á., & Kollár, J. (2015) Music therapy in Europe: Paths of professional development, *Approaches* 7(1), 155-156. http://approaches.gr/wp-content/uploads/2015/08/Approaches_712015_Hungary_Varga-Kollar.pdf
- Vass, E. (2019). Musical co-creativity and learning in the Kokás pedagogy: Polyphony of movement and imagination. *Thinking Skills and Creativity*, 31, 179-197. doi:10.1016/j.tsc.2018.12.004
- Wheeler, B. L. (2016). Principles of interpretivist research. In B.L Wheeler & K.M. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 294-313). Barcelona.
- Wheeler, B. L., & Bruscia, K. E. (2016). Overview of music therapy research. In B.L Wheeler & K.M. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 51-68). Barcelona.

Appendix A*Molloy College IRB Approval*

1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002
www.molloy.edu

Kathleen Maurer Smith, Ph.D.
Dean, Graduate Academic Affairs
T: 516.323.3801
F: 516.323.3398
E: ksmith@molloy.edu

DATE: February 5, 2020

TO: Sylvia Földes-Berman
FROM: Molloy College IRB

PROJECT TITLE: [1543345-1] A Culturally Situated Perspective of Music Therapy in Hungary
REFERENCE #:
SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: 02/05/2020

REVIEW CATEGORY: Exemption category # 2 *Criteria 2 and 3*

Thank you for your submission of New Project materials for this project. The Molloy College IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However, exempt research activities are subject to the same human subject protections and ethical standards as outlined in the Belmont Report.

This acknowledgement expires within three years- unless there is a change to the protocol.

Though this protocol does not require annual IRB review, the IRB requires an annual report of your exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu. Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN
Chair, Molloy College Institutional Review Board

Appendix B*Cultural Attestation and Approval of Human Subjects Recruitment in Hungary*

14 Szabadság út

Nőtincs

Hungary 2016

04/02/2020

Dear Sir/Madam,

I am writing to you as the president of Hungarian Musictherapy Association to allow Sylvia Foldes-Berman to write her thesis on the history of music therapy in Hungary, for which she can interview 3 trained music therapists who have been working for 5 years. Sylvia is well-informed of Hungary's cultures and traditions.

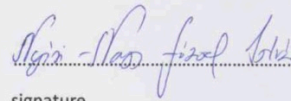
It is a good opportunity for us as well to help her. Sylvia's request have raised our interest and we would like to build up a relationship with her to support her research.

I hope you will give this matter immediate attention.

Yours sincerely,

József Nyíri-Nagy

President of MZE



signature

MAGYAR
ZENETERÁPIÁS
EGYESÜLET

Magyar Zeneterápiás Egyesület
1142 Bp., Ungvár u. 34/b. 3.em. 10.
Adószám: 18078752-1-42

Appendix C

Semi-Structured Interview Questions for Hungarian Music Therapists

1. When did you become a music therapist and how long have you been practicing?
2. How did you become a music therapist?
3. What do you have to do in Hungary to become a music therapist?
4. What population do you work with?
5. What kind of music do you use in your sessions?
6. What types of instruments do you use in Hungarian music therapy?
7. In what theoretical framework do you practice?
8. What is the history of music therapy in Hungary to your knowledge?
9. How do you feel about music therapy as a profession in Hungary?
10. Do you have any documents/artifacts that represent music therapy in Hungary? (i.e. documentation, Hungarian music therapy literature, picture of first Hungarian music therapy association meeting, etc.)
11. How is “therapy” understood in Hungary?
12. Anything else you would like to add to this interview?

Appendix D

Informed Consent Form

*to be translated into Hungarian if needed

Title of Research: A Culturally Situated History of Music Therapy in Hungary

Institution: Molloy College

Primary Investigator: Sylvia Földes-Berman, MT-BC

Description of Study: You have been recruited to voluntarily participate in this research study as you qualify as a Hungarian Music Therapist, practicing currently in Hungary with at least five years of experience in the music therapy field. This study is researching the history of music therapy in Hungary in relation to Hungarian musical tendencies and education along with any influence of psychology. You have been asked to voluntarily take part in an interview with the prime investigatory, Sylvia Földes-Berman, in order to add a current, multicultural perspective on the field of music therapy in Hungary. Upon thoroughly reading through this consent form, please fill in all appropriate lines.

- ☐ I do not wish to participate in this study (please send form back with this box checked – no further action required).
- ☐ I wish to participate in this study (please fill out remainder of form and send back to researcher e-mail)

For the Interviewee:

- I _____ voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves having access to a video/audio call engine (i.e. Skype, Zoom, FaceTime) in order to answer specific interview questions about the profession and history of music therapy in Hungary as well as my current practice. Please allow an hour for the interview. I will also receive a transcription of our interview via email and will have the opportunity to revise/add/edit any of my answers to send back to the researcher.
- I understand that I will not benefit directly from participating in this research.

- I agree to my interview being audio-recorded.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.
- I understand that disguised extracts from my interview may be quoted in my Graduate Research Thesis.
- I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms and original audio recordings will be retained in an encrypted, password safe folder on researcher's personal computer for three years (2022).
- I understand that a transcript of my interview in which all identifying information has been removed will be retained for three years (2022).
- I understand that under freedom of information legalization I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Primary Researcher: Sylvia Földes-Berman, MT-BC

E-mail: sfoldes-berman@lions.molloy.edu

Thesis Advisor: Dr. Adenike Webb

Signature of research participant

Date:

Signature of researcher

Date:

Appendix E*E-Mail Template to President of HMTA*

TO HUNGARIAN MUSIC THERAPY ASSOCIATION PRESIDENT:

Dear _____,

My name is Sylvia Földes-Berman and I am a Board Certified Music Therapist practicing in the United States of America. I am currently pursuing my Master of Science in Music Therapy at Molloy College under the advisement of Dr. Adenike Webb. As part of my graduation requirements, I must complete a graduate level research thesis. My thesis is “The History of Music Therapy in Hungary in Relation to Hungarian Music and Interview of Hungarian Music Therapists.”

Raised as a first generation Transylvanian-American, I speak, read, and write fluently in Hungarian. I grew up immersed in the Hungarian culture and decided to pursue my thesis by combining my career as a music therapist and my culture’s history in a historical analysis of Hungarian music therapy. I am reaching out to you, _____, as you are the Hungarian delegate and was hoping if you could help recruit three Hungarian music therapists currently practicing in Hungary with at least five years of experience to be interviewed for my thesis. This video interview process is completely voluntarily and there will be no remuneration. Each interview will be recorded and then transcribed. Each interviewee will have the opportunity to revise/edit/add the transcription before I group together themes.

Please let me know if you have any questions and I look forward to hearing from you soon!

Sincerely,

Sylvia Földes-Berman, MT-BC

E-mail: sfoldes-berman@lions.molloy.edu

Appendix F*E-Mail Template to Participant Recruitment*

TO HUNGARIAN MUSIC THERAPIST:

Dear _____,

My name is Sylvia Földes-Berman and I am a Board-Certified Music Therapist practicing in the United States of America. I am currently pursuing my Master of Science in Music Therapy at Molloy College under the advisement of Dr. Adenike Webb. As part of my graduation requirements, I must complete a graduate level research thesis. My thesis is “A Culturally Situated History of Music Therapy in Hungary.”

The delegate of Hungarian Music Therapy has provided me with your information as you are a Hungarian Music Therapist and are currently practicing in Hungary for the past five years. I am reaching out to you to ask if you would be willing to participate in a voluntary interview process for my research thesis. There will be no remuneration. All information will be kept confidential and your answers will be used for an informational purpose to be printed in my thesis and then presented to my college’s Music Therapy Department. Please see attached interview questions and Informed Consent Form for further information.

I want to thank you in advance if you agree to participate and I wish you well if at this time you cannot.

Looking forward to hearing from you soon.

Sincerely,
Sylvia Földes-Berman, MT-BC
E-mail: sfoldes-berman@lions.molloy.edu